

PAGE	1	OF	4
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00448696 </div>	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="float: right; text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 02 / 2012</div> </div>			
Full Name (Last, First, Middle Initial) of Payee Infocision		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 01 / 2012</div>	
Mailing Address 325 Springside Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">20000.00</div>	
City State Zip Code Akron OH 44333	Transaction ID : SE.4292		
Purpose of Expenditure IE-Stenberg-Survey Calls	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House State: NE <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: DON STENBERG		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">559905.05</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Printing Express		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 02 / 2012</div>	
Mailing Address PO Box 1975		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">14579.51</div>	
City State Zip Code Harrisonburg VA 22801	Transaction ID : SE.4288		
Purpose of Expenditure IE-Stenberg-Direct Mail	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House State: NE <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: DON STENBERG		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">833924.56</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">34579.51</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Lisa Lisker</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 18 / 2012</div>	